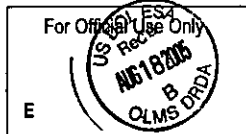


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No 1215 0188  
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U <u>9643</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>KEITH</u> <u>C</u> <u>WILSON</u> P O Box Bldg Room No if any Street <u>6671 FAIRFAX RD</u> City <u>CHEVY CHASE</u> State <u>MD</u> ZIP Code + 4 <u>20815</u>	4 Name file number and address of labor organization Name <u>ALLIED PILOTS ASSOCIATION</u> Labor Organization File Number <u>059-849</u> P O Box Building and Room Number if any Street <u>14600 TRINITY BOULEVARD</u> City <u>FORT WORTH</u> State <u>TX</u> ZIP Code + 4 <u>76155</u>
5 Position in labor organization <u>DOMICILE VICE CHAIRMAN (DCA) BENEFITS REVIEW AND APPEAL BOARD CHAIRMAN</u>	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any) Name <u>AMERICAN AIRLINES, INC</u> Trade Name if any P O Box Bldg Room No if any Street <u>4333 AMON CARTER BLVD.</u> City <u>FORT WORTH</u> State <u>TX</u> ZIP Code + 4 <u>76155</u>	7 a Nature of Interest Transaction or Income <u>A TRAVEL PASS ON AMERICAN, WHICH PERMITS ME TO FLY FOR FREE IN CONNECTION WITH UNION BUSINESS</u> 7 b Amount

Signature

15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

On

10 AUG 05  
Date

301 215 9082  
Telephone Number



Name of Person Filing <b>KEITH C WILSON</b>	File Number U
---	---------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <b>METROPOLITAN LIFE INSURANCE COMPANY</b></p> <p>Trade Name if any <b>METLIFE</b></p> <p>P O Box Bldg. Room No if any</p> <p>Street <b>10 SOUTH LA SALLE STREET SUITE 3350</b></p> <p>City <b>CHICAGO</b></p> <p>State <b>IL</b> ZIP Code + 4 <b>60603</b></p>	<p>9 Business deals with</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c Employer</p>
<p>10 If 9 b or 9 c is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>11 a Nature of such dealing</p> <p><b>MAINTAINING LIFE INSURANCE PLAN SPONSORED BY ALLIED PILOT ASSOC</b></p> <hr/> <p>11 b Approximate dollar value of such dealing <b>\$930.861.00</b></p> <p>12 a Nature of interest held or income received</p> <p><b>LUNCH IN CONJUNCTION WITH MEETING TO ESTABLISH MET LIFE ADMINISTRATIVE AND MAINTAINING LIFE INSURANCE PLAN, ON 1/9/04</b></p> <hr/> <p>12 b Amount <b>\$31.00</b></p>

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name if any).</p> <p>Name</p> <p>Trade Name if any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14 a Nature of payment</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14 b Amount of payment</p>

Name of Person Filing <b>KEITH C. WILSON</b>	File Number U
--	---------------

**B** Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p><b>8</b> Name and address of Business (including trade name if any)</p> <p>Name <u>WATSON WYATT INVESTMENT CONSULTING</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>191 NORTH WACKER DRIVE SUITE 2100</u></p> <p>City <u>CHICAGO</u></p> <p>State <u>IL</u> ZIP Code + 4 <u>60606</u></p>	<p><b>9</b> Business deals with</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p>_____ c. Employer</p>
<p><b>10</b> If 9 b or 9 c is checked give trust or employer's name</p> <p>Name <u>ALLIED PILOTS WELFARE BENEFIT MASTER TRUST</u></p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street <u>14600 TRINITY BLVD</u></p> <p>City <u>FORT WORTH</u></p> <p>State <u>TX</u> ZIP Code + 4 <u>76155</u></p>	<p><b>11 a</b> Nature of such dealing</p> <p><u>INVESTMENT MONITORING AND COUNSELING FOR THE NAMED TRUST</u></p>
	<p><b>11 b</b> Approximate dollar value of such dealing <u>\$31,000</u></p>
	<p><b>12 a</b> Nature of interest held or income received</p> <p><u>LUNCH IN CONJUNCTION WITH ANNUAL MEETING REVIEWING STATUS OF NAMED TRUST, ON 1/14/04</u></p>
	<p><b>12 b</b> Amount. <u>\$38.00</u></p>

<p><b>C</b> Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p><b>13 a</b> Name and address of Employer or Labor Relations Consultant (including trade name if any).</p> <p>Name _____</p> <p>Trade Name if any _____</p> <p>P O Box Bldg Room No if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>	<p><b>14 a</b> Nature of payment.</p> <p>_____</p>
<p><b>13 b</b> Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p><b>14 b</b> Amount of payment</p> <p>_____</p>

Name of Person Filing <b>KEITH C WILSON</b>	File Number U
---	---------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

<p>8 Name and address of Business (including trade name, if any)</p> <p>Name <b>THE SEGAL COMPANY</b></p> <p>Trade Name, if any</p> <p>P O Box, Bldg. Room No if any</p> <p>Street <b>101 NORTH WACKER DR SUITE 500</b></p> <p>City <b>CHICAGO</b></p> <p>State <b>IL</b> ZIP Code + 4 <b>60606</b></p>	<p>9. Business deals with.</p> <p><input checked="" type="checkbox"/> a Labor Organization</p> <p><input checked="" type="checkbox"/> b Trust</p> <p><input type="checkbox"/> c. Employer</p>
---	---

<p>10 If 9.b or 9.c is checked give trust or employer's name.</p> <p>Name <b>ALLIED PILOTS WELFARE BENEFIT MASTER TRUST</b></p> <p>Trade Name, if any</p> <p>P O Box Bldg Room No if any</p> <p>Street <b>14600 TRINITY BLVD</b></p> <p>City <b>FORT WORTH</b></p> <p>State <b>TX</b> ZIP Code + 4 <b>76155</b></p>	<p>11.a. Nature of such dealing</p> <p><b>SEGAL PROVIDES ACTUARIAL CONSULTING SERVICES FOR THE BENEFIT PLANS SPONSORED BY APA, AND FUNDED THROUGH APA WELFARE BENEFIT MASTER TRUST, THE APA LIFE INSURANCE PLAN AND APA FOR NEGOTIATING BENEFIT WITH AMRL.</b></p> <p>11.b Approximate dollar value of such dealing. <b>\$ 386,150.00</b></p> <p>12.a. Nature of interest held or income received</p> <p><b>LUNCHS AND DINNERS IN CONNECTION WITH MEETINGS ON 1/14-1/15, 6/18, 8/26 (\$115.00, 6.62, 104.85, 82.85 RESP). LUNCH DINNER AND SNACKS AND COFF IN CONNECTION WITH MEETING PREPARATION FOR 8/26 MEETING ON 6/15 and 8/25 (\$18.75, 99.00, 22.84, 35.75, 130.00 RESP). CHRISTMAS GIFT-BASKET 12/14 (\$45.95).</b></p> <p>12.b Amount. <b>\$ 665.27</b></p>
---	--

<p>C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value</p>	
<p>13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name If any</p> <p>P O Box Bldg Room No if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a Nature of payment.</p>
<p>13 b Is the Business an Employer or Consultant ?</p>	<p>14.b Amount of payment</p>